# Letters to the Editor

## Why does AJP publish so little research in education?

I was recently undertaking a literature review of the physiotherapy literature for an expert paper I have been invited to write for another journal. The focus of this paper is in education and I was rather surprised when I went through the past five years of the *Australian Journal of Physiotherapy* to discover how little there is published in this journal regarding physiotherapy education. It is unfortunate that many of the research articles and expert papers that I have come across by Australian researchers over the past five years are being showcased in American, British and Canadian journals.

While I cannot say whether these authors have elected to publish overseas or have been thwarted by the *Australian Journal of Physiotherapy* in their attempts to have educational research published, it is disheartening to see such a gap in our national journal.

There is a lot of evidence-based work being done in education in Australia with respect to clinical reasoning, professional development, and clinical mastery, for example. If it is the policy of the Journal not to consider papers from education I would hope that this would be reconsidered. If not, it would be good if the Editorial Board could develop some strategies to see more evidence-based education work published in the Journal.

**Richard Ladyshewsky**
*Curtin University of Technology*

## There is little choice

We thank Dr Ladyshewsky for his letter. Dr Ladyshewsky indicates that he is aware of many research papers on physiotherapy education in other journals. He laments that the *Australian Journal of Physiotherapy* publishes few such papers and suggests this could be either because authors choose to publish elsewhere or because the *Australian Journal of Physiotherapy* rejects their papers.

There are, in fact, remarkably few studies of educational research in physiotherapy published in any journal. We searched the CINAHL database on 23 September using the terms (**physical therapy OR physiotherapy) AND (education$ OR pedagog$ OR clinical reasoning OR professional development OR mastery OR student$ OR curricul$ OR undergraduate OR postgraduate OR under-graduate OR post-graduate OR degree OR universit$)**; we restricted search results to 2005 publications. This returned 342 records, of which 28 concerned physiotherapy education. Most originated from the United States. Four of the articles were news items or histories, 10 were essays or narrative reviews, 7 were surveys of students or teachers, and 6 were other kinds of research. These are lean pickings indeed! Of course a more exhaustive search may locate more research but the message is unlikely to change: there is very little research into physiotherapy education, and most of the research consists of surveys of students or teachers.

It is not surprising, then, that the *Australian Journal of Physiotherapy* receives few submissions that report research into physiotherapy education. In 2004 we received three such papers. One was sent out for review and was subsequently published (Stiller et al 2004). The other two, both analyses of undergraduate curricula, were deemed not suitable for publication in the *Australian Journal of Physiotherapy*. This small sample of submissions appears to fare no worse than other manuscripts submitted to the *Australian Journal of Physiotherapy*: in total 70 manuscripts were submitted in 2004 and 23 were accepted for publication, corresponding to an acceptance rate of 33%.

These statistics suggest that the reason the *Australian Journal of Physiotherapy* publishes very little educational research is not that the journal discriminates against educational research, or that authors publish their work elsewhere. The cause is the remarkably low volume of publishable research conducted by researchers in physiotherapy education.

The Editorial Board of the *Australian Journal of Physiotherapy* is committed to publishing research that is both credible and important, including credible and important research into physiotherapy education.

**Rob Herbert**
*Co-Scientific Editor; On behalf of the Editorial Board*

### Reference

Stiller K, Lynch E, Phillips AC and Lambert P (2004): Clinical education of physiotherapy students in Australia: Perceptions of current models. *Australian Journal of Physiotherapy* 50: 243–247.

## Was CAP summary faithful?

Whilst reading the recent Journal (AJP Volume 51 No 3), the heading of one of the critically appraised papers (CAPs) caught my eye, 'Treadmill training more effective than Bobath training in improving walking following stroke'. The title of the article being appraised was 'Aerobic treadmill ***plus Bobath*** walking training improves walking in subacute stroke; A randomized controlled trial' (emphasis added). On reading the original article, I was confused at how the synopsis could conclude 'Treadmill training induces greater improvements in walking speed and distance than Bobath walking training in patients with moderate physical disability due to recent first stroke' The corresponding statement in the original article read 'Aerobic treadmill ***plus Bobath*** walking training in moderately affected stroke patients was better than Bobath walking training ***alone*** with respect to the improvement of walking velocity and capacity...' (again emphasis added) (Eich et al 2004).

Although the inclusion of Bobath in both the experimental and control groups is mentioned in the interventions section

of the synopsis, neither the heading nor the conclusions stated in the synopsis were or could be concluded from the original study. I am concerned about the disparity. The study compared the results of one hour of Bobath and a half hour of Bobath plus a half hour of treadmill training. It is as if the synopsis used algebra to simplify the conclusions of the study:

| | |
|---|---|
| $^1/_2$ Bobath + $^1/_2$ treadmill | > 1 Bobath |
| $^1/_2$ treadmill | > $^1/_2$ Bobath |
| Therefore: | |
| treadmill | > Bobath |

Although important aspects of the study are included in the synopsis, I would have hoped that both the heading and conclusions in CAPs would represent the studies accurately. As a clinician I found this study very interesting and relevant and would recommend anyone working in this field to read the original article. For APA members the original article is available through the APA website.

**Sue Fitch**
*Private Practice, Queensland*

### References

Eich HJ, Mach H, Werner C and Hesse S (2004): Aerobic treadmill plus Bobath walking training improves walking in subacute stroke: A randomized controlled trial. *Clinical Rehabilitation* 18: 640–651.

Elkins M and Moseley A (2005): Treadmilling training more effective than Bobath training in improving walking following stroke. *Australian Journal of Physiotherapy* 51: 192.

## Response

We thank Ms Fitch for raising her concern about an apparent inconsistency between the CAP summary and the sentence she has cited from the original paper. We agree that our statement could not be derived from the cited sentence. However, both it and the heading may legitimately be derived from the detail provided in the methods section of the original paper.

In the original methods section, the authors describe a series of interventions that were common to both groups: 30 min of Bobath walking training, Bobath occupational therapy, speech therapy, neuropsychology, and all the assessment procedures. In addition, the experimental group received 30 min of aerobic treadmill training while the comparison group received an extra 30 min of Bobath walking training.

Randomised trials tell us about the effects of the elements that *differ* between groups, as these are the randomly allocated elements to which the between-group differences can be attributed. Thus this trial tells us about the effects of 30 minutes of treadmill training compared to 30 minutes of Bobath walking training.

The CAP summary included a clear description of the interventions, including the 30 min of Bobath walking training common to both groups. We felt this was sufficient to allow the correct interpretation of the heading and conclusion. The synopsis format summarises an extensive amount of material and we chose to emphasise the difference between the regimens in the title. It is not possible to provide complete descriptions of the treatment regimens in the brief titles we use for CAPs. That is why readers are encouraged to read the entire CAP summary.

**Mark Elkins**
*Royal Prince Alfred Hospital, CAP Editor*

**Anne Moseley**
*School of Physiotherapy, University of Sydney*

## Notice of Duplicate Publication

It has come to the attention of the Editorial Board that much of the paper published in the *Australian Journal of Physiotherapy* by Oldmeadow et al (2002) had been published previously in the *Journal of Quality in Clinical Practice* (Oldmeadow et al 2001). Neither the Editorial Board nor the Scientific Editor was aware of the earlier publication at the time the paper was published in the *Australian Journal of Physiotherapy*. When the paper was submitted to the *Australian Journal of Physiotherapy* the authors also submitted a copyright release statement to the editorial office that asserted:

*The author(s) further warrant(s) that his/her/their work has not been submitted in this or any other form for publication in any other journal.*

The Editorial Board regrets that duplicate publication has occurred. The duplicate publication is a disservice both to readers of the *Australian Journal of Physiotherapy* and of the *Journal of Quality in Clinical Practice*. (The *Journal of Quality in Clinical Practice* was discontinued in 2001.) The authors have tendered a written apology to the Editorial Board of the *Australian Journal of Physiotherapy*.

### References

Oldmeadow LB, McBurney H and Robertson VJ (2002): Hospital stay and discharge outcomes after knee arthroplasty: Implications for physiotherapy practice. *Australian Journal of Physiotherapy* 48: 117–121.

Oldmeadow LB, McBurney H and Robertson VJ (2001): Hospital stay and discharge outcomes after knee arthroplasty. *Journal of Quality in Clinical Practice* 21: 56–60.